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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/882,100
		Filing Date	June 15, 2001
		First Named Inventor	Carlson
		Art Unit	2638
		Examiner Name	J.M. Perilla
		Attorney Docket Number	13148US02
Total Number of Pages in This Submission	58		

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		Appeal Brief is filed in triplicate.

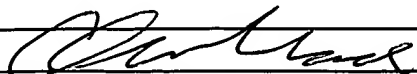
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Christopher C. Winslade	Registration No. (Attorney/Agent)	36,308
Signature			Date: February 27, 2006

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<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> PTO FEB 27 2006 RECEIVED </div> <p style="font-size: small;">Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2006</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/882,100</td> </tr> <tr> <td>Filing Date</td> <td>June 15, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Carlson</td> </tr> <tr> <td>Examiner Name</td> <td>J.M. Perilla</td> </tr> <tr> <td>Art Unit</td> <td>2638</td> </tr> <tr> <td>Attorney Docket No.</td> <td>13148US02</td> </tr> </table>		Application Number	09/882,100	Filing Date	June 15, 2001	First Named Inventor	Carlson	Examiner Name	J.M. Perilla	Art Unit	2638	Attorney Docket No.	13148US02
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TOTAL AMOUNT OF PAYMENT (\$) 950.00															
METHOD OF PAYMENT (check all that apply)															
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u>															
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)															
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES															
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)								
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)									
Utility	300	150	500	250	200	100									
Design	200	100	100	50	130	65									
Plant	200	100	300	150	160	80									
Reissue	300	150	500	250	600	300									
Provisional	200	100	0	0	0	0									
							Small Entity								
							Fee(\$) Fee(\$)								
Each claim over 20 (including Reissues)							50 25								
Each independent claim over 3 (including Reissues)							200 100								
Multiple dependent claims							360 180								
Total Claims		Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims										
-20 or HP		x	=		Fee		Fee Paid (\$)								
HP = highest number of total claims paid for, if greater than 20															
Indep. Claims		Extra Claims	Fee(\$)	Fee Paid (\$)											
-3 or HP		x	=												
HP = highest number of independent claims paid for, if greater than 3															
3. APPLICATION SIZE FEE															
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).															
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)											
-100	/50	(round up to a whole number)	x	=											
4. OTHER FEE(S)															
Non-English Specification, \$130 fee (no small entity discount)															
Other (e.g., late filing surcharge): <u>Appeal Brief (in triplicate) \$500; Two-month extension of time \$450;</u>							950								
SUBMITTED BY															
Signature				Registration No. (Attorney/Agent)	36,308	Telephone	(312)775-8000								
Name (print/type)	Christopher C. Winslade			Date	February 27, 2006										